IOM Genomics Roundtable: Health Economics Summary

I. Evidence – Comparative Effectiveness Research (CER)

1. Need for evidence base development – collaboration, infrastructure with clinical trials groups
2. Need for innovative approaches to CER prioritization.
3. Determining if and how genomic sequence information modifies healthcare provision and patient outcomes.
4. Impact of increasing accuracy of sequencing on patient outcomes and costs.
5. Evaluation of proper use of family history to guide medical decision making, integrated into HIT infrastructure.

II. Health Economics Methods

1. Need better (quicker) approaches and frameworks to performing health economic evaluations of genomic testing.
2. Evaluation of evidence thresholds for data in hand versus data that must be obtained, and cost of further research.
3. Divergence of economic assessment models in public health, clinical care, and academics.
4. In the setting of a disruptive technology and a zero sum game/ shrinking pool of resources what/who will be replaced and how to fund genomic interventions?

III. Health Economics Applications

1. When is genomic sequencing cost-effective? E.g., NBS scenario with data being used over the lifespan.
2. Better education of genomic scientists regarding economic analysis/integration of economic analysis and on-going studies.
3. Methods/infrastructure (including informatics) in health systems to follow downstream consequences of providing sequence data.
4. Is cost reduction demonstrable? Do ACO's provide a possible mechanism for more efficient health care delivery of genomic technologies?
5. Study of provider preferences for provision of genomic medicine – evaluation of barriers to implementation.
6. Economic incentives for test and evidence development with value-based and specific pricing versus old system (CPT stacking)
7. Determination of relative contribution of environment/setting on cost-effectiveness.

IV. Patient-Centered Outcomes

1. Developing outcomes data on informed consent/study of efficient methods for patient education regarding informed consent.
2. Stakeholder engagement; methodology to increase participation in clinical trials.
3. Development of improved methods for assessing value/personal utility /patient preference in economic analysis.
4. Potential for genomic medicine to exacerbate disparities, including applicability of information to minority populations and SES disadvantages. Focus on interventions.